

STATE OF SOUTH CAROLINA

(Caption of Case)

ORDER DESIGNATING TELRITE
CORPORATION d/b/a LIFE WIRELESS AS AN
ELIGIBLE TELECOMMUNICATIONS CARRIER
FOR THE PURPOSE OF OFFERING LIFELINE
SERVICE

RECEIVED

2012 27 2013

PSC SC
MAIL/DMS

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

COVER SHEET

DOCKET

NUMBER: 2013-14-C
~~2012-325-C~~

(Please type or print)

Submitted by: Compliance Solutions, Inc

SC Bar Number:

Address: 740 Florida Central Parkway

Telephone: 407-260-1011

Suite 2028

Fax: 407-260-1033

Longwood, FL 32750

Other:

Email: regulatory@csilongwood.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition

☐ Request for item to be placed on Commission's Agenda expeditiously

☒ Other: Telrite Corporation d/b/a LIFE WIRELESS Annual CTIA Compliance Attestation

INDUSTRY (Check one)

- ☐ Electric
☐ Electric/Gas
☐ Electric/Telecommunications
☐ Electric/Water
☐ Electric/Water/Telecom.
☐ Electric/Water/Sewer
☐ Gas
☐ Railroad
☐ Sewer
☒ Telecommunications
☐ Transportation
☐ Water
☐ Water/Sewer
☐ Administrative Matter
☐ Other: _____

NATURE OF ACTION (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Affidavit | <input type="checkbox"/> Letter | <input type="checkbox"/> Request |
| <input type="checkbox"/> Agreement | <input type="checkbox"/> Memorandum | <input type="checkbox"/> Request for Certification |
| <input type="checkbox"/> Answer | <input type="checkbox"/> Motion | <input type="checkbox"/> Request for Investigation |
| <input type="checkbox"/> Appellate Review | <input type="checkbox"/> Objection | <input type="checkbox"/> Resale Agreement |
| <input type="checkbox"/> Application | <input type="checkbox"/> Petition | <input type="checkbox"/> Resale Amendment |
| <input type="checkbox"/> Brief | <input type="checkbox"/> Petition for Reconsideration | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Petition for Rulemaking | <input type="checkbox"/> Response |
| <input type="checkbox"/> Comments | <input type="checkbox"/> Petition for Rule to Show Cause | <input type="checkbox"/> Response to Discovery |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Petition to Intervene | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Consent Order | <input type="checkbox"/> Petition to Intervene Out of Time | <input type="checkbox"/> Stipulation |
| <input type="checkbox"/> Discovery | <input type="checkbox"/> Prefiled Testimony | <input type="checkbox"/> Subpoena |
| <input type="checkbox"/> Exhibit | <input type="checkbox"/> Promotion | <input type="checkbox"/> Tariff |
| <input type="checkbox"/> Expedited Consideration | <input type="checkbox"/> Proposed Order | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Interconnection Agreement | <input type="checkbox"/> Protest | |
| <input type="checkbox"/> Interconnection Amendment | <input type="checkbox"/> Publisher's Affidavit | |
| <input type="checkbox"/> Late-Filed Exhibit | <input checked="" type="checkbox"/> Report | |

Print Form

Reset Form



244944
2013-14-C

June 24, 2013

RECEIVED

JUN 27 2013

Jocelyn Boyd, Chief Clerk of the Commission
Public Service Commission of South Carolina
Synergy Business Park, Saluda Building
101 Executive Center Drive
Columbia, SC 29210

**PSC SC
MAIL / DMS**

**RE: Order No. 2013-4
Certification of Compliance with CTIA Consumer Code and Advertising Materials for
Telrite Corporation d/b/a LIFE WIRELESS**

Dear Staff:

On January 29, 2013, the Public Service Commission of South Carolina issued an Order designating Telrite Corporation d/b/a LIFE WIRELESS as an eligible telecommunications carrier ("ETC") in the state of South Carolina.

In compliance with South Carolina Commission ETC annual reporting requirements, Telrite Corporation confirms that it complies with the Cellular Telecommunications and Internet Association's (CTIA's) Consumer Code for Wireless Service. In addition, Telrite Corporation provides by attachment the advertising material required to be submitted annually. Please note that Telrite Corporation was not operational during 2012 and the advertising materials are applicable to 2013 operations.

Please do not hesitate to contact me if you have questions or concerns.

Respectfully submitted,

A handwritten signature in cursive script that reads "Kelly Jesel".

Kelly Jesel
Secretary/Treasurer
Telrite Corporation d/b/a LIFE WIRELESS



Life Wireless

Telrite Corp / Life Wireless

PO Box 2840, Covington, GA 30015

FAX: 1-866-770-6110 / EMAIL: lwforms@lifewireless.com

PLEASE READ CAREFULLY BEFORE SUBMITTING YOUR APPLICATION

Welcome to Life Wireless! We are pleased you have chosen us as your Lifeline wireless service provider and would like to express our appreciation for allowing us the opportunity to serve you.

LIFE WIRELESS™ is a Lifeline supported wireless service provided by TELRITE CORPORATION and offers a Lifeline discount to low income families and individuals for wireless services. To obtain LIFE WIRELESS™ service, potential subscribers must meet certain eligibility requirements such as receiving governmental assistance or a household income that is at or below the Federal Poverty Level Guideline for your State. What determines a potential subscriber's eligibility is specific to each State and can be found listed on the Lifeline form attached. LIFE WIRELESS™ service is limited to one household, and cannot be combined with any other Lifeline offering.

Applicant must completely fill out and mail, fax or email the attached form to
Life Wireless at the address provided above.

The supporting documents, as described below, **MUST** be send as well in
order to receive your LIFE WIRELESS™ phone.

- A copy of Proof of Address (e.g. Utility Bills)*
- A copy of Federal/State Government-Issued ID (e.g. Driver License, Passport)*
- A copy of Proof of Participating Subsidy (e.g. State-Issued EBT card, Letter from Social Security Office)*

or to demonstrate household income that is at or below Federal Poverty Level Guidelines for the State you live in:

- A copy of Proof of Income (e.g. Prior Year's Tax Return, Social Security Statement of Benefits, Unemployment Statement of Benefits, Paystubs covering three consecutive months within the past year.)*

*PHOTOCOPY ONLY. **DO NOT** mail us your original documentation. Submitted items will not be returned.

If you have any questions or concerns, please call Life Wireless Customer Service at 1-888-543-3620.

Thank you,

Telrite Corporation / Life Wireless



Life Wireless

South Carolina Wireless Lifeline Service Application and Certification

Mail or Fax completed and signed form to

Telrite Corporation / Life Wireless

PO Box 2840 Covington, GA 30015

FAX: 1-866-770-6110 / EMAIL: lwforms@lifewireless.com

A complete and signed Lifeline Service Application and Certification ("Certification") is required to enroll you in Telrite Corporation / Life Wireless' Lifeline service program in your state. This Certification is only for the purpose of verifying your eligibility for Lifeline service and will not be used for any other purpose. Service requests will not be processed until this Form has been received and verified by Company.

One Lifeline service per household disclosures: Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of service per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Note that not all Lifeline services are currently marketed under the name Lifeline. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

☐ I hereby certify that I have read and understood the disclosures listed above and that, to the best of my knowledge, my household is not already receiving a Lifeline service benefit.

Customer eligibility certification: I hereby certify that I participate in at least one of the following programs (check one):

- ☐ Supplemental Nutrition Assistance Program (SNAP) ☐ Income at or below 135% of Federal Poverty Guidelines
- ☐ Section 8 Federal Public Housing Assistance (FPHA)
- ☐ Medicaid (not Medicare)
- ☐ Supplemental Security Income (SSI)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ National School Lunch Program's free lunch program

Customer Application Information:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Last Four Digits of Social Security Number (or Tribal ID Number): _____

If Qualifying for Lifeline by Income, number of Individuals in Household: _____

Home Telephone Number (if available): _____

Residential Address (P.O. Box NOT sufficient)

Number: _____ Apt: _____ Street: _____ City: _____

State: _____ Zip Code: _____

Address is (choose one): ☐ Permanent ☐ Temporary

Billing Address (if different from Residential Address) (P.O. Box IS sufficient)

Number: _____ Apt: _____ Street: _____ City: _____

State: _____ Zip Code: _____

Multiple households sharing and address:

☐ I hereby certify that I reside at an address occupied by multiple households, including adults who do not contribute income to my household and/or share in my household's expenses, and I will complete a separate additional form.

Activation and usage requirement disclosures: This service is a prepaid service and you must personally activate it by calling 770-200-1000. To keep your account active, *you must use your Lifeline service at least once during any 60 day period by completing an outbound call, purchasing additional minutes from Company, answering an in-bound call from someone other than Company, or by responding to a direct contact from Company confirming that you want to continue receiving Lifeline service from*

Company. If your service goes unused for 60 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to the Company's customer care center) subject to a 30 day cure period during which you may use the service (as described above) or contact the Company to confirm that you want to continue receiving Lifeline service from Company.

☐ I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

Authorizations:

☐ I hereby authorize the Company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize the Company to release any records required for the administration of the Lifeline program (e.g., name, telephone number and address), including to the Universal Service Administrative Company, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.

Additional certifications: I hereby certify, under penalty of perjury, that (check each box):

- ☐ I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required
- ☐ I will notify the Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement
- ☐ I am not listed as a dependent on another person's tax return (unless over the age of 60)
- ☐ The address listed below is my primary residence, not a second home or business
- ☐ If I move to a new address, I will provide that new address to the Company within 30 days
- ☐ If I provided a temporary residential address to the Company, I will verify my temporary residential address every 90 days
- ☐ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law
- ☐ I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits
- ☐ The information contained in this certification form is true and correct to the best of my knowledge

Applicant's Signature: _____ **Date:** _____

For Agent Use Only (check only 1 eligibility category and only 1 box under that category; do not copy or retain documentation):

Documents Acceptable Proof for Income-Eligibility:

- ☐ The prior year's state, federal, or Tribal tax return,
- ☐ Current income statement from an employer or paycheck stub,
- ☐ A Social Security statement of benefits,
- ☐ A Veterans Administration statement of benefits,
- ☐ A retirement/pension statement of benefits,
- ☐ An Unemployment/Workmen's Compensation statement of benefits,
- ☐ Federal or Tribal notice letter of participation in General Assistance, or
- ☐ A divorce decree, child support award, or other official document containing income information for at least three months time.

Documents Acceptable Proof for Program-Eligibility

(choose 1 from each list A and B below)

List A - Choose 1

- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Medicaid
- ☐ Section 8 Federal Public Housing Assistance (FPHA)
- ☐ Supplemental Security Income (SSI)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ National School Lunch Program's free lunch program

List B - Choose 1


- ☐ Program Participation card / document
- ☐ Prior year's statement of benefits
- ☐ Notice letter of participation
- ☐ Other official qualifying document: _____

Last 4 digits of Document from List B _____

Date of Proof Document: ____/____/____

Expiration Date of Proof Document: ____/____/____

Applicant Account Number	Rep / Agent Signature



Customer Login | Representative Login | Customer Service

zipGO

About Lifeline | Phones & Rates | Sign Up Today | Add Minutes

Sign Up Today

Please select your state of residence.

State:

Eligibility	Non-Recurring Phone Fee	Non-Recurring Activation Fee	Monthly Airtime Fee	Monthly Minutes	Text Rate	Rollover
LifeLine eligible	\$0.00	\$0.00	\$0.00	125	1/3 minute	Yes
Non-LifeLine eligible	\$20.00	\$0.00	\$12.75	125	1/3 minute	Yes
LifeLine eligible	\$0.00	\$0.00	\$0.00	250	1/3 minute	No
Non-LifeLine eligible	\$20.00	\$0.00	\$12.75	250	1/3 minute	No

Applicant must print, fill out and mail or fax the completed form to Life Wireless together with supporting documents:

- [SC Lifeline Application Form](#)
- A Copy of Proof of Address (e.g. Utility Bills)*
- A Copy of Federal/State Government-Issued ID (e.g. Driver License, Passport)*
- A Copy of Proof of Participating Subsidy (e.g. State-Issued EBT card, Letter from Social Security Office)*

or to demonstrate household income that is at or below 135% of [Federal Poverty Level Guidelines](#):

- A Copy of Proof of Income (e.g. Prior year's tax return, Social Security Statement of Benefits, Unemployment Statement of Benefits, paystubs covering three consecutive months within the past year)*

* Photocopy Only. DO NOT mail us your original documentation. Submitted items will not be returned.

If you live in a multiple households address, please complete and submit this additional form:

- [Lifeline Household Worksheet](#)

Mail or Fax your completed forms and documents to:

- MAIL:
Telrite Corp / Life Wireless, PO Box 2840 Covington, GA 30015
- FAX:
1-866-770-6110

Complaints concerning Lifeline Service can be directed to:

South Carolina Public Service Commission

Address

101 Executive Center Dr. Suite 100, Columbia SC 29210